

**DUDLEY HEALTH AND WELLBEING BOARD**

**28<sup>th</sup> JANUARY 2013**

**Joint Report of the Director of Public Health, Director of Adult, Community and Housing Services, Director of Children's Services, Director of the Urban Environment and the Chief Officer of the Dudley Clinical Commissioning Group**

**PERFORMANCE MONITORING ARRANGEMENTS AND CURRENT PERFORMANCE STATUS**

**PURPOSE OF REPORT**

1. This report
  - a. gives an overview of proposed arrangements by which the Health and Wellbeing Board can monitor performance outcomes against national and local priorities for health and wellbeing
  - b. provides an update for the Board of current progress in relation to national and local priorities and the implementation of Dudley Borough's Health and Wellbeing strategy.
2. The Dudley Health and Wellbeing Board (H&WBB) is required to agree the proposed performance monitoring arrangements and note the current performance status.

**BACKGROUND**

3. As system leader for the health and care system, the Health and Wellbeing Board requires a performance monitoring process that is light touch but also able to provide
  - a. What impact it is having on the health and wellbeing of the people of Dudley borough.
  - b. What progress is being made with the implementation of a Joint Health and Wellbeing Strategy and
  - c. Able to provide a good understanding of how the H&WB Board is functioning
4. This includes the need to be able to identify good performance and where improvements need to be made, which may in turn be fed into the Joint Strategic Needs Assessment process and become local priorities for action.
5. Dudley Health and Wellbeing Board approved the Joint Health and Wellbeing Strategy in January 2013 setting out our five strategic priorities:-

- a. **Making our neighbourhoods healthy** – by planning sustainable, healthy and safe environments and supporting the development of health enhancing assets in local communities.
- b. **Making our lifestyles healthy** – by supporting people to have healthy lifestyles and working on areas which influence health inequalities, for instance, obesity, alcohol, smoking and the early detection of ill health
- c. **Making our children healthy** – by supporting children and their families at all stages but especially the early years; keeping them safe from harm and neglect, supporting the development of effective parenting skills and educating young people to avoid taking risks that might affect their health in the future
- d. **Making our minds healthy** – by promoting mental health and wellbeing
- e. **Making our services healthy** – by integrating health and care services to meet the changing Dudley borough demography, starting with urgent care

### **PROPOSED PERFORMANCE MONITORING ARRANGMENTS**

- 6. Overarching performance outcomes frameworks for Public Health, Adult Social Care and the NHS have been set nationally. It is proposed to report performance status to the Board annually against these frameworks, using a system that organises all indicators according to Dudley borough's 5 local priorities and highlights where performance is below, similar or above the average performance for England. In year, it is proposed that the Health and Wellbeing Development Group monitor the outcomes frameworks on a quarterly basis and inform the Board of any additional performance outliers.
- 7. Where performance demonstrates a trend that is significantly below average, explanations will be provided from the lead Directorate/organisation where feasible.
- 8. Alongside the national perspective, it is proposed to report annually against a set of agreed local indicators and actions being undertaken to take forward the 5 priority areas set out in the Joint Health and Wellbeing strategy. These indicators may vary or be added to from year to year as identified challenges and actions change. It is proposed to use a similar process of progress commentary as described in 7 to highlight where performance is below target for each priority area.
- 9. Annual performance reporting needs to fit closely with the business and commissioning cycles of the local authority and clinical commissioning group.
- 10. In terms of assessing how the H&WB Board is functioning it is proposed that there is an annual appraisal process or Board health check, that makes use of available tool kits and peer review as made available.

## **CURRENT PERFORMANCE STATUS**

### **Impact on Health and Wellbeing**

11. The attached report – Health and Wellbeing Outcomes Frameworks details a dashboard of performance for Dudley as of January 2014, against the national indicator set for Public Health, Adult Social Care and the NHS, mapped against Dudley borough's five local priorities. Commentary explaining the variations significantly below the England average is provided in appendix 1.

### **Progress of the Joint Health and Wellbeing Strategy Priorities**

12. During 2013/14, the Board is progressing the 5 priority areas through a series of spotlight events with key stakeholders, one for each priority area. Each spotlight focuses on specific challenging issues identified from the JSNA associated with the priority area and the event follows a process of diagnosing the issue, providing information on the key challenges and then stimulating the generation of ideas and action planning across partners. Outcomes and recommendations from the spotlight sessions are presented to the appropriate lead Commissioning Group or Board to agree key actions and performance indicators to take forward during 2013/14 and 2014/15. These collectively frame the implementation plan for the Health and Wellbeing Strategy.
13. To date, 4 of 5 spotlight sessions have been held:
  - a. Making Our Services Healthy – focusing on Urgent Care: 18<sup>th</sup> June 2013
  - b. Making Our Lifestyles Healthy- focusing on breastfeeding and alcohol: 19<sup>th</sup> July 2013
  - c. Making Our Children Healthy- focusing on building resilience in children, young people and their parents: 10<sup>th</sup> October 2013
  - d. Making Our Minds Healthy- focusing on depression and dementia: 14<sup>th</sup> November 2013
14. The final spotlight for 2013/14 on 'Making Our Neighbourhoods Healthy' is scheduled for February 6<sup>th</sup> 2014. It is proposed that this will focus on building community capacity, working with and facilitated by the Think Local Act Personal (TLAP) partnership, to test out a framework they are developing on this issue for Health and Wellbeing boards. This is part of the support being offered to Dudley borough following successful application to the TLAP 'Developing the Power of Strong Inclusive Communities' programme. The overall offer includes 6 days of facilitator time from Catherine Wilton. The H&WB Board will be able to use the draft TLAP framework to help it reflect on wider issues of how community capacity in Dudley borough will help support improving the health of residents and the quality of health and care services.
15. Progress to date is as follows:
  - a. Urgent Care: The spotlight session was attended by Board members, Commissioners, Providers, and Councillors, and public and user input was incorporated from the Clinical Commissioning Group's health forum

event held prior to the spotlight session. An outcomes report has been produced and forwarded to the Urgent Care Working Group, who continue to coordinate work to redesign and improve urgent care provision. Key conclusions from this event were that the model of urgent and emergency care needed to be redesigned to simplify, reduce duplication and to take account of peoples default behaviour of attending A/E and that awareness of how to access the system was needed across all partners and the public. Since the spotlight event the CCG has carried out a public consultation process on a new service model for urgent care that reflects the comments made at both the spotlight event and the CCG Healthcare Forum. This is in line with the Joint Health and Wellbeing Strategy and the CCG's Primary Care Strategy, approved at the last meeting of the Board and is subject of a separate report to this meeting of the Board. Reducing hospital admissions and nursing home/residential home admissions will be a key performance requirement of the services to be funded through the Better Care Fund. Partners will be expected to agree a series of performance indicators linked to the Better Care Fund. This is the subject of a separate report on this agenda. It is suggested that the performance indicators developed for this purpose are used as a basis for assessing performance in relation to this Joint Health and Wellbeing Strategy priority. The current Urgent Care Working Group dashboard is detailed in appendix 2 for information. The spotlight event report will be available at [www.allaboutdudley.info](http://www.allaboutdudley.info), where a topic page for the Health and Wellbeing Board is being set up.

- b. Breast Feeding and Alcohol: The spotlight session included a similar range of stakeholders and also service users. Key discussions in relation to alcohol focused on the need to further educate and raise awareness on the health impacts from a younger age, the need to stimulate a cultural change towards alcohol, for health professionals to feel confident in raising the issue especially in primary care, and to have programmes that support people to use other coping strategies rather than alcohol. Key discussions in relation to breast feeding emphasised the need to develop strategies to gain its cultural acceptance, including with the health care profession. An outcomes report has been forwarded to the Strategic Breast Feeding Group who have agreed key actions and local indicators for improving breast feeding rates and to the Substance Misuse Implementation Group for inclusion in the alcohol strategy currently in development. Details are in Appendix 2. The full report will be available at [www.allaboutdudley.info](http://www.allaboutdudley.info)
- c. Resilience of Children, Young people and Parents: The spotlight session focused specifically on the early years and 16 to 18 transition. As part of the process a consultation with young people is underway to further inform the outcomes from this spotlight. An outcomes report is currently being finalised for circulation to the Children's and Young People's Partnership Board for inclusion in their action plans. Key actions and indicators are included in appendix 2. Key outcomes from the discussion in relation to early years were the importance of building on the Time for Twos programme, targeting the most vulnerable children and their families. There was a view that there needed to be more joined up working for

transition through to the provision for 3 to 4 year olds. The family support worker role has been shown to have a significant effect and it was the view that this provision needs to be extended. There was unanimous agreement that the current work to develop parenting skills was critical and needed to be further developed to enable more families to benefit. The third major topic of discussion was the acknowledgement that early intervention was essential in order to support families in the development of resilience in their children. Key outcomes of the discussion for the 16-18 age group were firstly the need to commission a Mental Health Service for the 16 – 18 age group, whose needs are frequently not met in the transition from the Children's and Adolescent Mental Health Service to Adult Services. Secondly there was the recognition that all services should be young people friendly, and that there was a need to ensure that staff are trained to understand the issues around providing young person appropriate services. The third key outcome was the importance of ensuring that young people are empowered to contribute to the planning and development of services that meet their needs, through ensuring that their voice is heard. The full report will be available on [www.allaboutdudley.info](http://www.allaboutdudley.info).

- d. Depression and Dementia: This session involved stakeholders and service users who gave informative accounts of their experiences in using services. An appreciative inquiry technique was used to organise and develop participation and generate key areas for development. There was a strong emphasis in discussion of orienting the local system towards preventative interventions, developing a mental health friendly Dudley borough and a greater prominence of interventions that build/strengthen social capital. This theme links well to the final spotlight session on neighbourhoods and the proposed focus on the 'Think Local Act Personal' framework. The full report will be available at [www.allaboutdudley.info](http://www.allaboutdudley.info). The report has been forwarded to the Mental Health Partnership Board for final development of key actions and local indicators for 2014/15 onwards.

16. A set of local indicators and actions will be developed for the neighbourhoods priority area following the spotlight event in February on the developing community capacity theme. To compliment these, a set of local indicators have been developed by the Department of Urban Environment in relation to the physical environment. These are detailed in appendix 2.

17. A process of evaluating the spotlight session approach is currently in progress in order to inform H&WBB work-plan developments for 2014/15.

18. The draft work-plan for 2014/15 will be brought to the H&WB Board in March 2014. Going forward, the Board may wish to consider the following issues for the 2014/15 work-plan:

- a. Reassurance that all issues are being addressed through the governance processes- such as groups working on specific issues e.g. obesity, health inequalities, older people, children etc
- b. Reassurance that all sections of the community have access to the H&WB Board,

- c. The key priorities on which the H&WB Board wants to focus during 2014/15 relating to its purpose of overseeing integration, addressing health inequalities, improving health services and engagement.
- d. Championing one key theme where the Board partnerships can make a real difference within Dudley borough.
- e. Review the terms of reference and constitutional working of the Board in order to optimise its potential role and impact.

19. Appendix 2 details the collective local indicators, their status and the actions identified to date for the priority areas.

### **How the Board is Functioning**

20. The Health and Wellbeing Board became fully functional in April 2013, so is in its first year of operation.

21. It is proposed to conduct an annual appraisal during 2014/15, to allow the Board some time to reflect on its responsibilities and embed working processes. The Board has applied to take part in the peer-review process being offered to Boards by the Local Government Association during this time period.

### **FINANCE**

22. Any financial implications resulting from these proposals will be met within existing budget arrangements.

### **LAW**

23. The statutory duties of the Health and Wellbeing Board are detailed in the Health and Social Care Act 2012 and related guidance.

### **EQUALITY IMPACT**

24. Improving equality and tackling health inequalities are key priorities of the Health and Wellbeing Board and will be discharged through implementation of the Board's Joint Health and Wellbeing Strategy. The establishment of the Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board.

### **RECOMMENDATION**

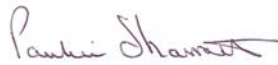
25. That the Dudley Health and Well-Being Board agree the performance monitoring arrangements and note the current performance status for Dudley borough.



**Valerie A Little**  
Director of Public Health



**Andrea Pope- Smith**  
Director – DACHS



**Pauline Sharrat**  
Interim Director – DCS



**John Millar**  
Director – DUE



**Paul Maubach**  
Chief Officer  
Dudley CCG

Contact Officers:

Karen Jackson  
Consultant in Public Health  
Office of Public Health, DMBC

Brendan Clifford  
Assistant Director –DACHS  
DMBC

Ian McGuff  
Assistant Director –DCS  
DMBC

Sue Holmyard  
Assistant Director –DUE  
DMBC

Neill Bucktin  
Head of Partnership Commissioning  
Dudley CCG

Josef Jablonski  
Principal Officer –CRD  
DMBC

## Appendix 1: Supporting Commentary for Indicators Significantly Below the England Average (Accompanies the Outcomes Frameworks Report)

Indicator	Lead	Priority	Commentary
Under 75s mortality from liver disease, and Under 75s mortality from liver disease that is considered preventable	Public Health	Overarching	The misuse of alcohol impacts significantly on this indicator. Locally alcohol admissions are now on the decrease but it will take 10 to 15 years for this improvement to have an impact on liver disease rates. Tackling alcohol misuse remains a local priority has been a focus of a Health and Wellbeing Board Spotlight event. Local indicators and actions are being set within an alcohol strategy for Dudley borough, and local delivery is being led by the multi-agency Substance Misuse Group.
Potential Years of Life Lost from causes considered amenable to healthcare (females) 2012	All	Overarching	This indicator gives an overall general view on the quality of local health care. Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care and cover all disease areas such as infectious disease through to cancers and CVD and injuries during surgery/medical care, and so reflects the clinical pathways of across the health and care system. Work on service integration and urgent care should contribute to a reduction.
One-year survival from lung cancer 2005-09 (%)	All	Overarching	This indicator gives a general overview and encourages measures across the whole clinical pathway such as prevention, early and accurate diagnosis, optimal pharmacotherapy, physical interventions, prompt access to specialist cancer care, structured hospital admission and appropriate provision of home care. In terms of prevention Dudley delivers a range of stop smoking services and tobacco control programmes which are undergoing scrutiny by the health overview and scrutiny committee. This indicator is being reviewed and will be replaced by an indicator that brings together 1 year survival rates from all cancers rather than just lung cancer. The CCGs strategic plan, to be submitted in march 2014 will set out further information and actions against this indicator.
Children in Poverty (%)	Children's Directorate	Children	This reduced between 2010 and 2011 but is still above the England average. In order to continue to reduce this figure there needs to be a more co-ordinated approach across agencies to address the underlying economic factors that contribute to childhood poverty.
Good development at age 5 2012 (%)	Children's Directorate	Children	2013 figures suggest an improvement for Dudley bringing it almost to the England average.
Pupil absence 2011-12 (%)	Children's Directorate	Children	Currently the national average is 5.3 and Dudley is 5.5, but this is only state funded maintained schools. Local calculations including academy schools for the same period indicate an absence of 5.1% (which would be better than the national average). NB Absence data is more useful when broken down into authorised absence eg sickness, holidays, (of which Dudley is on a par with the



			national average) and unauthorised absence of which Dudley is higher.
16-18 year olds NEET (%)	Children's Directorate	Children	The number has decreased since this 2012 figure to 5.8% at the end of December 2013 – level with the national average.
Year R excess weight (%) and Year 6 excess weight (%)	Public Health	Children	Overall, the prevalence of children who are overweight or obese in Dudley at reception year age and year 6 has stabilised since 2006/7, but remains higher than England prevalence. Dudley's strategy to reduce obesity has been refreshed and a new 5 year action plan to 2017 is being implemented. New areas of work include an emphasis on environmental changes e.g. planning guidance for health, implementation of the food-dudes programme in all primary and special schools and the development of an early years health charter for PVI nurseries. For more information, the strategy and health needs assessment are on <a href="http://www.allaboutdudley.info">www.allaboutdudley.info</a>
Breastfeeding initiation (%) and Breastfeeding at 6-8 weeks (%)	Public Health	Lifestyles	The number of mothers breast feeding and the duration they breast feed for is on the increase in Dudley, but remains well below the England average. Improving this rate is a key priority for Dudley and has been a focus of a Health and Wellbeing Board Spotlight event. Local indicators and actions have been set, and local delivery is being led by the Strategic Breast-Feeding Group.
Maternal smoking prevalence (%)	Public Health	Lifestyles	This is a key priority for Dudley, and Dudley's tobacco control programme is currently being scrutinised by the Overview and Scrutiny Committee for Health. The report is due for publication early 2014 and will inform the updating of Dudley's Tobacco Control strategy and 5 year action plan. Key issues to be addressed regarding maternal smoking prevalence will be included.
Excess weight in adults (2006-2008)	Public Health	Lifestyles	This benchmark for Dudley is currently based on estimates from the National Health Survey for England for levels of obesity (body mass index (BMI) of 30 or more). In future, local estimates will be taken from the active people's survey and include those classified as overweight and obese (BMI 25 or more). Reducing obesity is a key priority for Dudley, a strategy has been in place since 2005, which has improved provision of prevention activity and treatment programmes. This has recently been refreshed with a target to halt the rise in adult obesity and an updated 5 year action plan. For more information, the strategy and health needs assessment are on <a href="http://www.allaboutdudley.info">www.allaboutdudley.info</a> .
Adults classified as physically active (150mins/week) and classed as inactive	Public Health	Lifestyles	Local surveys suggest an increase in people taking enough exercise in Dudley over the last 5 years, however levels remain low when compared to England. Getting more people more active more often remains a local challenge, with a key focus on meeting the recommendations outlined within the 2012 obesity HNA, working in line with the national Sport England strategy to draw down funding targeting the 14+ population. Work is also on-going to develop supportive environments, with the development of the Green Space Strategy, the completion of the Planning for Health SPD and the emerging Active Travel Strategy. This year will also see the development of a new Physical Activity Strategy, Playing Pitch Strategy and Facilities Strategy.
Breast screening coverage age 53-70	Public Health	Lifestyles	A number of activities have been delivered across Dudley borough, throughout 2011-2013, to raise awareness and increase the uptake of breast cancer screening and tackle cancer inequalities. Life

			<p>is Precious Campaign raises awareness of cancer screening amongst the minority ethnic community and utilises the creative arts. The project has engaged with over 100 community members who have become local Community Health Champions (CHC) who are sharing the cancer screening message. Targeted Breast Screening Campaigns, by area, are run in concert with the rotational call for screening including a local poster campaign entitled 'Put it in Your Diary' to promote the importance of breast screening and motivate women aged 50-70 to attend for screening. GPs are encouraged to promote breast screening in their practices. 'Be aware-show you care' campaign is an inclusive campaign to support hairdressers and beauticians to raise awareness of cancer and screening. A number of borough-wide community events have also been held targeted at those electoral wards where uptake is low to raise awareness of cancer prevention and breast screening. National Breast Cancer Awareness Month is supported across the patch. Community engagement work carried out in Dudley borough has recognised several factors contributing to low performance, such as lack of access to service, particularly for those that work and transport issues, other reasons are: perceptions of not being at risk, lack of awareness and information. Confusion amongst women due to the national media focus on risks of false positives in screening may also be having an effect.</p>
NHS Health check take up	Public Health	Lifestyles	<p>Uptake of health checks in Dudley is lower than the England average. There are national data recording issues that impact on this benchmark, and local operational issues involving software migration have had a particular negative impact during 2013/14. However uptake is low, and plans are in place to address it which include tackling poor performing providers, piloting point of care testing for bloods so that the check can be delivered in one appointment, and delivering public campaigns to raise awareness and trigger public uptake of the check.</p>
Access to eye screening- uptake	Public Health	Lifestyles	<p>Local uptake of diabetic eye screening has increased over the last 3 years, and by 3% to 76% during 2012/13, but it remains below the England average. Uptake has been identified as an area for action by Public Health and a workshop is planned with key partners to look at how uptake can be improved.</p>
Self-harm rate 2011-12	Public Health	Healthy Minds	<p>The increase in self harm has been recognised and a local survey is taking place with service providers and focus groups to understand the local profile of self harmers with a view to implementing specific interventions for identified at risk groups.</p>
Wellbeing Measures: how satisfied are you , how worthwhile is your life, how happy are you	Public Health	Healthy Minds	<p>These subjective indicators are reflective of concepts related to overall physical and mental health. More specifically , these concepts can be aligned to mental wellbeing (feeling good and functioning well) and are typically influenced by a range of individual, social, and structural determinants. Currently in Dudley Borough we have a Mental Health Promotion action plan (2010-2013) devised by the Public Mental Health Programme. The action plan aims to address the multiple factors relating to mental health and wellbeing locally; supporting the current national mental health strategy</p>

(2011/12) %			(this action plan is currently being refreshed). The five ways to wellbeing (nef,2008) is promoted locally through resources such as " <i>Road to wellbeing</i> " a self help resource available free of charge across Dudley Borough. A Small Grants Fund Programme is in place, providing funding for initiatives to improve mental wellbeing across the community, voluntary and statutory organisations. Asset Based health promotion pilot project is currently being developed which aims to identify protective factors that support health and wellbeing at a local level, enhancing quality and longevity of life through focusing on the resources (such as social capital) that promote self-esteem and the coping abilities of individuals and communities. Workplace health programmes are also piloting wellbeing sessions for staff.
Adults receiving secondary mental health services living independently at the time of their most recent assessment 2011-12 (%) and living independently, with or without support 2012-13 (%)	DACHS	Healthy Minds	Dudley's position was low for 2010/11 as well as 2011/12 and it is a key priority. The Personalisation programme and more effective joint working with the Dudley and Walsall Mental Health Trust is increasing supported living and enabling more people to live independently. The assertive reviewing process has enabled more people to be recovered or supported into living independently.
Proportion of adults in contact with secondary mental health services in paid employment	DACHS	Healthy Minds	The Dudley and Walsall Mental Health Trust is focussing on this as part of its recovery and outcomes framework. Increased efforts to help people achieve their employment aspirations and support them to get jobs is being overseen by the Personalisation programme. Focussing on the quality of providers that support people through Place and Train approaches will improve the performance of this measure.
Age-standardised rate of emergency hospital admissions for violence per 100,000	Safe & Sound Board	Healthy Neighbourhoods	WM Police data shows that Dudley is the best performer in the WM police force area in terms of violence with injury. When compared with similar groups Dudley is 3 <sup>rd</sup> out of 15 with a rate of 7.9 offences per 1,000. However, not all injuries caused by violence are reported to the police, and this may be reflected in the higher figures seen by hospitals. In the last 3 years there has also been improved recording and reporting of injuries caused by violence in the A&E setting and this may then be reflected in the numbers recorded as injury by violence resulting in emergency admissions.
Households that are in fuel poverty (%)	Public Health	Healthy Neighbourhoods	The methodology used to calculate this indicator has altered, giving Dudley a lower level than by the previous method, where March 2013 submissions were 26,615 (20.9%). Under the new definition of fuel poverty (August 2013), some households are now no longer considered fuel poor and are therefore no longer eligible for government support, despite their incomes being significantly

			<p>strained by energy costs.</p> <p>High levels of fuel poverty may be explained by housing conditions:-lack of central heating, a pre-1945 social housing stock which is energy inefficient, poor standards in the private rented sector, high numbers of elderly households (38.2%) which account for 60% households in fuel poverty in the private sector; also low incomes:- 60% of households earn below the national average income of £25,900, 28% of households earn below £10,000, 41% of households are in receipt of financial support and 50.9% are considered economically vulnerable; Welfare reform - in Dudley, the financial loss per working age adult is £473 per year an escalating energy prices.</p> <p>A draft fuel poverty strategy has been developed with an action plan to address fuel poverty, including a range of technical improvements to housing stock to increase the energy efficiency of households. A stock condition survey of council-owned dwellings will help target future investment and attract the maximum Energy Company Obligation (ECO) funding into the borough. A Private Sector Renewal Strategy is also planned and will include actions to improve housing stock in the private rented sector and the wider private sector. Dudley's Winter Warmth Service is now in its 3<sup>rd</sup> year and supports the most vulnerable households to access a tailored package of support to enable them to stay warm and well. Other initiatives are in place to tackle low household income (through Housing Support), to tackle high energy prices (through the collective switching initiative and advice on switching tariffs/ energy providers), and to help change behaviour (through the Energy Advice Line, and the Winter Warmth Service).</p>
Recorded diabetes 2011-12 (%)	CCG/NHS England	Healthy Services	<p>Type 2 diabetes (90% of diagnosed cases) can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating) and earlier detection of diabetes followed by effective treatment reduces the risk of developing diabetic complications. Dudley has a higher recorded prevalence than England, so is benchmarked red, however this should be interpreted as positive as it means Dudley is identifying and treating diabetes more rigorously. Dudley's expected prevalence for diabetes is modelled at 8% for 2011 so we have 25% undiagnosed diabetes in Dudley. Actual prevalence against expected prevalence is a better indicator. Work continues to identify undiagnosed diabetes through the diabetes local enhanced GP service and NHS health checks service.</p>
Emergency hospital admissions for injuries due to falls in persons aged 65 and over, and in persons aged 80 and over (2011-12)	Public Health	Healthy Services	<p>Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. Interventions for recently retired and active older people are likely to be different in provision and uptake for frailer older people. Locally, an evidence based integrated falls pathway, with single point of referral for those at risk of falls has been implemented in quarter 3 of 2013 and a review of the falls service being undertaken to identify areas of priority and development .</p>

Emergency admissions for acute conditions that should not normally require hospital admission	CCG	Services	To be addressed through the implementation of the CCG's proposed urgent care model.
Access to GP services	CCG	Healthy Services	To be addressed through the implementation of the CCG's proposed urgent care model.
Incidence of medication errors causing serious harm 2012-13 Q1&2	Public Health/CCG	Healthy Services	This indicator is by provider organisation per 100,000 population, and so relates to data from RHH. The numerator is small and the denominator large, so the best and the worst across England for this period ranges only between 0 and 0.3. All serious incidents are monitored by quarterly clinical quality review meetings between commissioner and provider. Root cause analysis is undertaken to investigate the incident, rectify and prevent re-occurrence.
PPV vaccination coverage (over 65s)	Public Health	Healthy Services	Although slightly below the England average for pneumococcal vaccination, Dudley is showing an upward trend rising from 67.2% during 2010/11 to 67.8% (2011/12) and was at 69.4% at March 2013. National comparison for March 2013 is not currently available.
Flu vaccination coverage (over 65s)	Public Health	Healthy Services	Flu vaccine coverage has been slightly but significantly below the England average for the last 3 years, including 2012/3 – Dudley 72.2% and national 73.4%. Dudley has set up a local flu vaccine monitoring group working collaboratively with stakeholders to increase the coverage, including running a series of local health promotional activities to encourage uptake.
Preventable Sight Loss- Certifications	Public Health	Healthy Services	The numbers are small, so caution must be applied in interpreting the data, however, Dudley was significantly lower than the England average in 2010/11 but significantly higher in 2011/12. Prevention of sight loss helps people maintain independent lives and reduce needs for social care support. Research by the Royal National Institute for Blind People (RNIB) suggests that 50% of the cases of blindness and serious sight loss could be prevented if detected and treated in time and can be influenced by improving the take-up of sight tests in the general population. Risk of sight loss is heavily influenced by health inequalities, including ethnicity, deprivation and age. Sight loss can increase the risk of depression, falls and hip fractures, loss of independence and living in poverty. This indicator has been identified for action by Public Health and a programme of work is being planned for 2014/15.
Permanent admissions to residential and nursing homes of	DACHS	Healthy Services	In the current financial year, the Council has increased its presence at the hospital to 7 day working to eliminate the need for Dudley Group of Hospitals spot purchasing. This should reduce the numbers of people going into residential and nursing care and also eliminate inappropriate placements. A Memorandum of Agreement is being revised to ensure better processes and clarity

<p>older people, per 100,000 population 2012-13 (Rate per 100,000 population)</p>			<p>of targets around hospital discharges. A joint Panel to consider residential and care at home placements is to be introduced to ensure all options have been considered before residential or nursing care placement is sought.</p>
<p>The proportion of people who use services who feel safe 2012-13 (%)</p>	<p>DACHS</p>	<p>Healthy Services</p>	<p>This measure is sourced from the annual Adult Social Care Survey. A total of 2156 clients were surveyed with a response rate of 36.2%. In 2012/13 a total of 766 clients responded to this question of which 513 expressed that they felt as safe as they wanted. A range of initiatives have been developed which may help increase the performance of this measure: Safeguarding training has been developed with West Midlands Care Association to raise standards in commissioned services across the borough. £25K funding has been received from ADASS to develop on-line regional safeguarding package. Priorities for action arising from the Winterbourne View are focussing on: the number of repeat referrals in establishments, to ensure Advocacy services were engaged with the Board and through the Deprivation of liberties, to explore with Commissioners of LD services the types of restraint training across agencies and to bring the partners of Safeguarding to account within the Board by the production of reports and case studies to the Board</p>




Appendix 2: Local Indicators and Actions Health and Wellbeing Strategy Implementation Plan 2013/14- 2014/15

HEALTHY SERVICES :URGENT CARE DASHBOARD															
Item	Indicator	Target	Apr	May	Jun	July	Aug	Sep	Oct	Nov	YTD Performance	RAG	Consequences of Breach	Penalty for Month	YTD Penalties
1	A&E 4 Hour Waits	95%	91%	96%	96%	97%	96%	97%	92%	94%	94.9%	✖	2% of revenue derived from the provision of the locally defined service line in the month of the under achievement.	£ -	£ -
2	Trolley Waits in A & E	Any trolley wait > 12 hours	0	0	0	0	0	0	0	0	0	✔	£1,000 per breach	£ -	£ -
3	Ambulance Handover between 30mins & 60mins	Target 15m, Threshold =30m	379	211	247	201	182	205	401		1826	✖	£200 per patient waiting over 30 minutes	£ 80,200	£ 365,200
4	Ambulance Handover > 60mins	Target 15m, Threshold =60m	53	15	9	12	9	23	55		176	✖	£1,000 per patient waiting over 60 minutes	£ 55,000	£ 176,000
5	Category A Red 1 Response	75.0%	73.0%	81.5%	95.8%	87.5%	89.7%	82.1%	81.5%		84.4%	✔	Monthly withholding of 2% of the actual monthly contract value with an end of year reconciliation	Year End	Year End
6	Category A Red 2 Response	75.0%	69.4%	78.0%	78.5%	73.0%	75.1%	72.6%	73.3%		74.3%	✖	As Above	Year End	Year End
7	Category A 19 Minute Response	95.0%	99.1%	99.2%	98.8%	99.0%	98.8%	98.6%	99.1%		98.9%	✔	As Above	Year End	Year End
8	Ambulance Crew Readiness (a)	Target 15m, Threshold =30m	67	36	11	12	12	12	13		163	✖	£20 per event where > 30 minutes	£ -	£ -
9	Ambulance Crew Readiness (b)	Target 15m, Threshold =60m	2	1	0	0	0	0	0		3	⚠	£100 per event where > 60 minutes	£ -	£ -

Notes

1. The Contractual Performance month is currently June 2013 (all validated data submitted). Where data is available for July this is included.
2. Ambulance Handover penalties for >30minutes have to date been waived due to inaccuracy of Ambulance Service data and clinical concerns regarding motivating Providers to cohort patients and increase trolley waits in A&E in order to meet this target.

### 3. RAG rating key

-  Both month and YTD figures meet or exceed the target
-  Either the month or the YTD figure has failed to meet the target
-  Both the month and the YTD figures fail to meet the target

## HEALTHY LIFESTYLES: BREAST FEEDING

### Key Actions and Indicators:

Priority	Notes	Lead	Local Indicator	Timescale
Development of Borough Wide-Marketing Plan /Strategy	This priority will capture a number of the points raised regarding better communication, promotion, awareness and positive press interests etc.	OPH	Marketing / promotion plan developed using social marketing approaches.	August 2014
Ongoing development of the volunteer buddy programme.	Volunteer Buddies to be integrated into Office of Public Health volunteer programme.	OPH	Annually train 30 buddies. Recruitment of 90% of trained buddies on volunteer programme.	
GP Engagement	Identify GP Champions.  Online GP training made available to all GP's.	CCG	20 % (50) of Dudley GP's trained (250) – need to get actual GP numbers in Dudley.	March 2015
Multidisciplinary co-ordinated approach to provision of Antenatal support to pregnant mothers		OPH /BCPFT/DGHFT	100% of Dudley pregnant women offered antenatal support (at 34 weeks)	March 2016
Maintain UNICEF		OPH	UNICEF accreditation level 3 achieved	



Stage 3 in hospital and achieve stage 3 in community		/BCPFT/DGHFT	2014/15	
Mainstreaming community buddies in health visiting teams			Each Health Visiting team to have one wte buddy. 90% of women who are breastfeeding on discharge have contact with buddy.	

### HEALTHY LIFESTYLES: ALCOHOL

#### Key Indicators:

Ref	Performance Indicator	Last year out-turn 2012/13	Target 2013/14
	Alcohol related admissions to hospital per 100,000	2144/100,000	2293/100,000
	<b>Alcohol treatment services:</b> Numbers in alcohol treatment services Number of successful completions Re-presentations within 6 months Numbers waiting >3 weeks to start treatment		Target >900 Target 45% Target <10% Target <8%

#### Key Actions

Action	Lead	Completion date
Development of an alcohol strategy and action plan for Dudley borough	Substance Misuse team	March 2015

### HEALTHY CHILDREN – EARLY YEARS

#### Key Actions for commissioners

Action for Commissioners	Lead	Completion date
<ul style="list-style-type: none"> <li>The importance of building on the Time for Twos programme, targeting the most vulnerable children</li> </ul>		

and their families, joined up working for transition through to the provision for 3 to 4 year olds is required. Extend the key worker role which been shown to have a significant impact.	<b>TBC</b>	<b>TBC</b>
<ul style="list-style-type: none"> <li>Further develop parenting skills opportunities to enable more families to benefit.</li> </ul>	<b>TBC</b>	<b>TBC</b>
<ul style="list-style-type: none"> <li>Focus on early intervention to support families in the development of resilience in their children</li> </ul>	<b>TBC</b>	<b>TBC</b>

### HEALTHY CHILDREN- 16 TO 18 TRANSITION

#### Key Actions for Commissioners

Action for Commissioners	Lead	Completion date
<ul style="list-style-type: none"> <li>Commission a Mental Health Service for the 16 – 18 age group, whose needs are frequently not met in the transition from the Children’s and Adolescent Mental Health Service to Adult Services.</li> </ul>	<b>TBC</b>	<b>TBC</b>
<ul style="list-style-type: none"> <li>Put in place plans to encourage all services to be young people friendly, and train staff to understand the issues around providing young person appropriate services.</li> </ul>	<b>TBC</b>	<b>TBC</b>
<ul style="list-style-type: none"> <li>Ensure young people are empowered to contribute to the planning and development of services that meet their needs, through ensuring that their voice is heard.</li> </ul>	<b>TBC</b>	<b>TBC</b>

### HEALTHY NEIGHBOURHOODS

#### Key Indicators:

Ref	Performance Indicator	Last year out-turn	Target
	Adult participation in sport and active recreation (1X30 minutes per week)	27.8% (2012)	N/A
	Improved street and environmental cleanliness (National indicator 195) a: litter b: detritus c: Graffiti d: fly-posting)	3.3% 6.3% 1.3% 0.1%	3.3% (2014/15) 5.7% 1.3% 0%

	Gross affordable housing completions (Core Output Indicator HOU3)	312 (49% of gross completions (2011/12))	Between yrs 2006-2026) 2479 affordable dwellings (15% of gross completions) (116 /year)
	Increase in cycle use of monitored routes (LOI TRAN4a)	14,272 (2012/13)	1% increase in cycling
	Implementation of missing links and overcoming barriers identified in sub regional cycle network map (LOITRAN4b)	10 new links via healthy towns project – 7.26km (2012)	N/A